

LETTERS *to the Editor*

Medical School Graduates For Patient Care

To the Editor: It has recently been brought to my attention that many persons believe that graduates of California medical schools are encouraged to devote their careers to research rather than to patient care. In view of the concern over the shortage of practicing physicians and other health professionals, I would like to set forth the facts of the matter.

According to a report on medical school alumni published by the American Medical Association in 1968, nearly 90 percent of all medical school graduates in the country were engaged in patient care as their major professional activity, almost 4 percent were medical school faculty, 1.4 percent were administrators, and 1.5 percent were engaged in research. The figures for the University of California are nearly identical: slightly over 90 percent of our graduates are in practice while only 1.5 percent are researchers.

We at the University of California are proud of the role our graduates are playing in serving the people of the state, and we look forward to an even greater contribution as our new schools at Davis, Irvine, and San Diego mature.

CHARLES J. HITCH, LL.D.
*President
University of California*

EDITOR'S NOTE: *President Hitch's letter should serve to overcome a misconception that might diminish the needed "Yes" vote on Proposition 1—The Health Sciences Construction Bonds. The Council of the California Medical Association has endorsed Proposition 1 which is to be voted upon June 2, 1970, and urges every member of the Association to actively support it.*

A Medical Student Responds to a Question

To the Editor: There is no question that the California Medical Association can make a significant contribution to the problem of overpopulation in the United States. Certainly it would be useful to establish study groups so that physicians can better educate themselves, and, hopefully, educate their patients as well. But far more important a contribution, it seems to me, would be for the CMA to go on record strongly disapproving anyone, physicians included, having more than two children.

Many physicians feel that they can easily afford more than two children and, furthermore, their children are likely to be well-educated and make contributions to the welfare of society. As a result many physicians feel that though there is a "population explosion" they themselves are personally exempt from responsibility for it. It is precisely this attitude that must be examined, and examined closely. A physician's child, like any other American child, is a master-consumer, and during his or her lifetime more of a threat to the world's irreplaceable and diminishing resources than an

entire village in India. When we think of our future the by-now familiar specter of ever-increasing smog, pollution, and horrendous freeway crowding arises before us. In addition, the amoeba-like, cancerous sprawl of urban developments inexorably paving over peri-urban greenery makes clear the necessity, beginning now, of no exceptions to the moral imperative of the two-child limit.

Physicians are an influential component of the opinion-making elite in California. Now that thousands of doctors have quit smoking and urged their patients to do the same, we are beginning to see results. When doctors start refusing to have more than two children, and urge their patients to do the same, their impact may be profound. To do less would clearly be abrogating the physician's responsibility to maintain the highest level of health in the community. It is to this end that I feel the CMA should direct its efforts.

STEVEN SOLTER
*Senior Medical Student,
Stanford University School of Medicine*

MEDEX Program

To the Editor: Having spent two years in a general practice residency and five years in private general practice, I am very much aware of the need to supplement the physician's time and energy with qualified and trained individuals to do many of the things which the physician himself is now forced to do. I have been following with interest the developments at Duke and the University of Colorado with their training of physician's assistants. The most recent program in this area, the MEDEX program at the University of Washington, seems to be an excellent new approach, not only filling the need, but also utilizing personnel who otherwise would find little or no use for their abilities in civilian life; and additionally, not depriving other professions (such as public health nurses) of badly needed people. I note with interest that the Washington State Medical Association is a co-sponsor of the MEDEX program, and would strongly encourage the CMA to begin immediately to investigate and implement the same type of, or similar, program.

In short, the private physicians, especially in rural areas, are being swamped, and we need help.

We can't wait for new M.D.'s, and in many instances we don't need such highly trained personnel. We need capable people in intermediate positions, and the sooner the state association realizes this and starts advancing in this direction, the sooner the people in California, including its doctors, will have adequate medical care.

N. B. SMITH, M.D.
Woodland

More Nutrition

To the Editor: Dr. Tom Brewer has kindly sent me a copy of his letter to the editor of CALIFORNIA MEDICINE [published in the March, 1970, issue]. This letter concerns the December, 1969, White House Conference on Food, Nutrition and Health. The letter presents several statements and points of view which, if taken by themselves, might create too restrictive a view of the purposes and accomplishments of the Conference. In this connection, the final report of the Conference will be published in March, 1970. I believe that the study of the final report will be well worth the time involved. As Dr. Mayer stated in his letter of transmittal, "The demonstration that, at a time when divisions and confrontations are common in our land, forceful and sometimes militant Americans of all walks of life and persuasion can be brought together and, after spirited discussion, agree on common priorities in the service of the Country and of one's fellow man is deeply reassuring."

Nevertheless, one point made in the letter does require emphasis. As the letter properly states, "one urgent need is *to apply* (author's italics) scientific nutrition in human prenatal care." This statement in turn leads to questions about how this should be done, under what circumstance, who should do it, where should the responsibility lie, and so on. And, it was precisely to questions such as these that the work of the Conference was addressed, as can be seen in its report.

HOWARD N. JACOBSON, M.D.
*Harvard University Medical School
Formerly Vice-Chairman, Panel on
"Establishing Guidelines for the Nutrition
of Vulnerable Groups (With Special
Reference to People with Inadequate Food
Budgets); Pregnant and Nursing Women and
Infants." White House Conference on
Food, Nutrition and Health*